

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 15, 2000 8:00 am**  
**Secretary of State**

02-15-2000 90042 015 \*\*\*\*61.25

**DOCUMENT # F97000003076**

1. Entity Name

**NASHVILLE INNER CITY MINISTRY, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

185 ANTHES DR.  
 NASHVILLE TN 37210

185 ANTHES DR.  
 NASHVILLE TN 37210-2161

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**58-1519894**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NATIONSCORP REGISTERED AGENTS, INC.**  
**526 E. PARK AVE.**  
**TALLAHASSEE FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>WALLER, GARY</b> <b>6208 RIVER OAKS CT.</b> <b>NASHVILLE TN 37215</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LYNN, MAC</b> <b>5533 SADDLEWOOD LANE</b> <b>NASHVILLE TN 37027</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>YATES, OLIVER</b> <b>5214 MEADOW LAKE RD.</b> <b>BRENTWOOD TN 37027</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>CATES, PAUL</b> <b>8223 HALFORD PL.</b> <b>BRENTWOOD TN 37027</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>LOCKE, PAUL</b> <b>6575 MANLEY LN.</b> <b>BRENTWOOD TN 37027</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>B</b> <b>NETTERVILLE, JOHN</b> <b>2461 N BERRY'S CHAPEL RD</b> <b>BRENTWOOD TN 37027</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>Brentwood Tn 37027</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>Delete</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>Delete</b>	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Oliver Yates* **1-25-2000** **(615)373-1951**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CF 01/17/19/99